

AO 240 (Rev. 10/03)  
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWAREGuangxi Fit Gear Corp.  
PlaintiffV.  
DELAWARE CORRECTIONS  
Defendant(s)APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVITCASE NUMBER: 803I, Guangxi Fit Gear Corp. declare that I am the (check appropriate box)  
• • Petitioner/Plaintiff/Movant • • Other 803 JJF

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes • • No (If "No" go to Question 2)If "YES" state the place of your incarceration DELAWARE CORRECTIONS 3D scannedInmate Identification Number (Required): 00180807

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? • • Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	• • Yes	<input checked="" type="radio"/> No
b. Rent payments, interest or dividends	• • Yes	<input checked="" type="radio"/> No
c. Pensions, annuities or life insurance payments	• • Yes	<input checked="" type="radio"/> No
d. Disability or workers compensation payments	• • Yes	<input checked="" type="radio"/> No
e. Gifts or inheritances	• • Yes	<input checked="" type="radio"/> No
f. Any other sources	• • Yes	<input checked="" type="radio"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)  
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4. Do you have any cash or checking or savings accounts?

•• Yes ~~•• No~~

If "Yes" state the total amount \$ \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

•• Yes ~~•• No~~

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

3/31/06  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER  
INMATE REQUEST FOR CERTIFIED TRUST FUND  
ACCOUNT STATEMENT OF PRIOR SIX MONTH PERIOD

TO: Mr. Joseph Hudson, Manager  
Delaware Correctional Center  
Smyrna, Delaware 19977

DATE: 3/31, <sup>2</sup>006

FROM:

Guaydo F. Correa

Inmate Name (Please print Name)

00180807

SBI#

- I HEREBY CERTIFY -

Pursuant to the Prison Litigation Reform Act, 28 U.S.C. 1915 (a)(2), effective April 26, 1996, I am requesting a certified Statement of my Institution Trust Fund Account for the previous six month period. Please forward same to me.

Guaydo F. Correa  
Signature

(28 U.S.C. 1746 and 18 U.S.C. 1621)

IM Quincy Cornea Compound

SBI#06180867 UNIT D 16

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977

AFTER 03/23/06

Address 1738 IRISH HILL Rd

Fetlow Del 19943.



UNITED STATES DISTRICT  
DISTRICT OF DELAWARE  
OFFICE OF THE CLERK  
844 N. KING STREET  
WILMINGTON, DE, 19801

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